

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	WA		08-28-01
O.I.P.E. CLASSIFIER		49	9/4/01
FORMALITY REVIEW	MD	579	10/8/01
RESPONSE FORMALITY REVIEW	HC	712	02-08-01

# INDEX OF CLAIMS

BEST AVAILABLE COPY

✓	..... Rejected	N	..... Non-elected
=	..... Allowed	I	..... Interference
-	(Through numeral)..... Canceled	A	..... Appeal
+	..... Restricted	O	..... Objected

Claim	Date
Final	
Original	
1	3/18/02
2	3/18/02
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If more than 150 claims or 10 actions  
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177 (116)  
3/18/02

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10/12